

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 10/15/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 10/16/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8535	31	SERVICE FACILITY LOCATION WAS				
	H/DD/SAS			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		237	1	TOTAL BILLED DOES NOT EQUAL TH	0	32	32	0
				E SUM OF DETAILS BILLED.				
3404904	WESTERN HIGHLAN	5404	134	SEVERE DUPLICATE: SAME ATTD PR				
	DS LME			OV/PCODE/TOS/DOS/MOD				
		8599	37	DETAIL NOT COVERED BY COMBINAT	0	368	13507	13139
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8622	30	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404910	PATHWAYS	8533	176	SERVICE FACILITY LOCATION CANN				
				OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		8599	137	DETAIL NOT COVERED BY COMBINAT	0	506	6111	5605
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	44	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	8599	146	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8534	72	SERVICE FACILITY LOCATION IS N	0	241	1746	1505
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		191	15	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	8505	2525	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	764	FURTHER PROCESSING NECESSARY,	4	3715	3727	12
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8534	254	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404916	CROSSROADS BEHA	8505	220	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8534	96	SERVICE FACILITY LOCATION IS N	0	447	2695	2248
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8800	55	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404917	CENTERPOINT HUM	8534	89	SERVICE FACILITY LOCATION IS N				
	AN SERVICES			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8599	49	DETAIL NOT COVERED BY COMBINAT	0	223	3994	3771
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		237	21	TOTAL BILLED DOES NOT EQUAL TH				
				E SUM OF DETAILS BILLED.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1735	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	289	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2089	2211	122
		8952	26	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404920	ALAMANCE CASWEL L AREA MH D	8534	42	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		237	2	TOTAL BILLED DOES NOT EQUAL TH E SUM OF DETAILS BILLED.	0	44	44	0
3404921	ORANGE PERSON C HATHAM AREA	8534	115	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8535	61	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	351	7819	7468
		120	45	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404922	THE DURHAM CENT ER	8800	362	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	83	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	594	13840	13246
		8534	61	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404923	FIVE COUNTY MH	8505	974	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	62	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1130	1348	218
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	18510	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	872	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	9	19971	20228	257
		21	231	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	1467	DUPLICATE OF CLAIM-SYSTEM				
		8599	827	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	274	5206	8901	3695
		8536	665	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M HC	21	280	DUPLICATE OF CLAIM-SYSTEM				
		8599	123	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	567	2121	1554
		8534	49	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	237	1	TOTAL BILLED DOES NOT EQUAL THE SUM OF DETAILS BILLED.				
		0	0		0	1	1	0
3404931	WAKE CO HUM SVC BILLING OF	8536	113	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	59	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	318	3349	3031
		8931	26	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8536	757	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	151	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1105	8407	7302
		191	104	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404934	ONslow CARTERET BEHAV HEAL	8505	421	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8535	104	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	909	1745	836
		11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8534	3	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	2	DUPLICATE OF CLAIM-SYSTEM	0	5	2768	2763
3404939	EAST CAROLINA B EHAVIORAL H	8505	838	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	220	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1287	4532	3245
		8534	70	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL CLAIMS	TOTAL CLAIMS

NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	120	156	CLIENT ID NUMBER MISSING OR IN				
	L HEALTH CE			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	55	DETAIL NOT COVERED BY COMBINAT	1	280	1039	759
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	38	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8534	49	SERVICE FACILITY LOCATION IS N				
	N SERVICES			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8622	24	60 RESIDENTIAL LEVEL II TREATM	0	85	1229	1144
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8505	10	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404946	FOOTHILLS AREAM	8599	27	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	19	DIAGNOSIS CODE MISSING OR INVA	0	76	4107	4031
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		79	17	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				